

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8695

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **2178**

1. PLACE OF DEATH:

(a) County St Louis MO
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4301 Dewey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Deubig

8. (b) If veteran, name war No 3. (a) Social Security No. No

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 29 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Bavaria Germany
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Deubig
(b) Address 4301 Dewey

17. (a) burial (b) Date thereof 3/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) MAR 4 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4301 Dewey
(If rural, give location)
(e) If foreign born, how long in U. S. A. 57 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1940 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from Feb 19
1940 to March 2 19 40
that I last saw her alive on March 2 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to arterio sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Edw. H. H. H. H. H. (M. D. or other) _____
Address 4924 S. Grand Date signed 3/4/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3528 Russell St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.